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mothers are busy with some household task. A healthy infant will remain sitting thus, almost motionless, playing with a fragment of calabash, a stick, or the sand—for the idea of giving an infant a toy or some attractive trinket to occupy it when it is left alone does not occur to the Tallensi. On the other hand, when an infant clamours for attention there is always some one of its kinsfolk near at hand to render it.

The native point of view about physical growth was well illustrated in the case of two infants belonging to a single extended family which I knew well. The younger infant was a lively, healthy, inquisitive girl of about 2½–3 years old already toddling about and exploring the world. The other infant, a boy about 3 months older, had been puny and ailing from birth and, though obviously intelligent, was chronically fretful and dependent and had not yet begun to walk. In Taleland the number three is symbolical of maleness, four of femaleness. Hence it is said in their folk-lore that boys begin to walk and talk in their third year, girls in their fourth. Yet the glaring discrepancy in development between these two infants caused no anxiety to the parents of the boy, except about his health. They realized clearly the connexion between his retardation and his health, but were entirely complacent about the former. That he would walk and talk in due course was taken for granted.

The expectation of normal behaviour. It will be evident from these examples that in the cultural idiom of the Tallensi age is not conceived as a significant factor in psycho-physical or social development. Yet relative seniority determines status and rights even in children's groups and their notion of time is explicit and clear. They think of genetic development primarily in terms of maturity, which is a synthetic concept embracing both physiological and behavioural signs. Growing up, in other words, is the evolution of one's social personality as it approximates closer and closer to the fully grown, mature adult. Just as this point of view precludes deliberate and standardized methods of training children in the rudimentary bodily skills such as walking, talking, and eye-hand co-ordination in eating, so it would be incompatible with a didactic attitude about bowel and bladder control or about sexual habits and knowledge.

This point of view gives rise to a factor of great importance in Tale education, the *expectation of normal behaviour*. In any given social